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TO : Hilary Gutman
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FROM : James R. Williams
DATE : 20 July 2005
SUBJECT : Reply to Office Action
US 10/725 186
My ref: 03-45

Attached is a reply to a communication issued by the Examiner on 22 March 2005.


This transmission includes:

- 1) Fax cover sheet (1 page);
- 2) Transmittal form, sb21 (1 page);
- 3) Petition for extension of time, sb22 (1 page);
- 4) Credit card payment form, PTO 2038 (1 page);
- 5) Reply to office action (7 pages);
- 6) Drawing, replacement sheet (1 sheet);
- 7) Amended specification (10 pages).

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this facsimile was transmitted to the above addressee on 20 July 2005.

Respectfully submitted,


James R. Williams
Reg. No. 43,268
Attorney for Applicant

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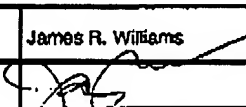
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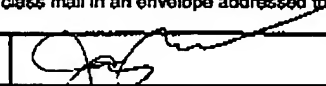
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/725 186	
	Filing Date	12/01/2003	
	First Named Inventor	ROUSSEL	
	Art Unit	3612	
	Examiner Name	Gutman, Hilary	
Total Number of Pages in This Submission	21	Attorney Docket Number	03-45

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): fax transmittal
Remarks reply to office action dated 22 Mar 2005		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	James R. Williams		
Signature			
Printed name	James R. Williams		
Date	20 Jul 2005	Reg. No.	43,268

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